

# ARIZONA DEPARTMENT OF HEALTH SERVICES

STATE OF ARIZONA

} ss

County of Maricopa

CERTIFICATE NO. - 103 -

DOCKET NO. EMS 3024

THE ARIZONA DEPARTMENT OF HEALTH SERVICES has found, under the authority of A.R.S. § 36-2232 et seq and Pursuant to Department of Health Services rules, that public necessity requires the operation of

## HEALTHCARE INNOVATIONS, INC.

as a ground ALS and BLS ambulance service in the State of Arizona for the transportation of individuals who are sick, injured, wounded or otherwise incapacitated or helpless within the following service area, with the following central operations station and response times:

### 1. Service Area:

*Service Area: Beginning at northwest corner of T12S R19E, then following a straight line due east to the intersection of Greenlee county, Cochise county and the border of Arizona, then due south following the border line of Arizona to the southern boundary of section 35, T16S R32E, then due west approximately 42 miles more or less to the southeast corner of Section 35, T16S R25E, then northwest to southwest corner of section 18, T15S R25E, then west to the southeast corner of Section 17, T15S R24E, then southwest to the southeast corner of Section 10, T16S R23E, then east to the northeast corner of Section 18, T16S R24E, then south to the southeast corner of Section 30, T16S R24E, then west to the southeast corner of Section 25, T16S R23E, then south to the southeast corner of Section 36, T17S R23E, then southeast to the southwest corner of Section 33, T18S R24E, then due east to the northeast corner of Section 2, T19S R24E, then south to the southeast corner of Section 24, T21S R24E, then due west approximately 17.3 miles more or less to the San Pedro River, then follow the river north and west until it intersects with the southern boundary line of T19S R21E, then west to the southwest corner of Section 31, T19S R19E, then north to the point of beginning.*

Now, therefore, by virtue of the authority vested in the Arizona department of Health Services, under the constitution and laws of the State of Arizona, does hereby grant this

AMENDED

## CERTIFICATE OF NECESSITY

authorizing the operation of the aforesaid ambulance service for a period ending JULY 31, 2010 unless for cause sooner amended, suspended, revoked or terminated subject to the decisions and orders, and rules of the Department.

PROVIDED, that this certificate shall not be assigned nor transferred unless authorized by the Arizona Department of Health Services.



BY THE ORDER OF THE ARIZONA DEPARTMENT OF HEALTH SERVICES, IN WITNESS WHEREOF, I SUSAN GERARD the Director of the Arizona Department of Health Services, have hereunto set my hand and caused the official seal of the Arizona Department of Health Services to be affixed at Phoenix, Arizona on 11/12/07

Terry Mullin  
DIRECTOR

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2. Central Operating Station: *Benson, Arizona*

3. Response Times:

*City of Benson:*

*Code 3 Five (5) minutes on sixty (60) percent of all ambulance calls;  
Seven (7) minutes on seventy-five (75) percent of all ambulance calls;  
Ten (10) minutes on eighty-five (85) percent of all ambulance calls;  
Thirty-five (35) minutes on ninety-nine (99) percent of all ambulance calls.*

*Code 2 Seven (7) minutes on seventy-five (75) percent of all ambulance calls;  
Ten (10) minutes on eighty-five (85) percent of all ambulance calls;  
Fifteen (15) minutes on ninety (90) percent of all ambulance calls;  
Thirty (30) minutes on ninety-nine (99) percent of all ambulance calls.*

*City of Willcox:*

*Code 3 Eight (8) minutes on eighty (80) percent of all ambulance calls;  
Fifteen (15) minutes on ninety (90) percent of all ambulance calls;  
Forty-five (45) minutes on ninety-nine (99) percent of all ambulance calls.*

*Code 2 Ten (10) minutes on eighty-five (85) percent of all ambulance calls;  
Twenty (20) minutes on ninety-five (95) percent of all ambulance calls;  
Thirty-five (35) minutes on ninety-nine (99) percent of all ambulance calls.*

## CERTIFICATE OF NECESSITY

(CONTINUATION PAGE ONE)

ISSUED 11/8/07

EXPIRES July 31, 2010

  
\_\_\_\_\_  
DIRECTOR

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## *City of Tombstone:*

*Code 3 Twenty (20) minutes on forty-five (45) percent of all ambulance calls.  
Twenty-five (25) minutes on seventy (70) percent of all ambulance calls.  
Forty-five (45) minutes on ninety-nine (99) percent of all ambulance calls.*

*Code 2 Twenty-five (25) minutes on fifty (50) percent of all ambulance calls.  
Thirty (30) minutes on seventy-five (75) percent of all ambulance calls.  
Thirty-five (35) minutes on ninety-nine (99) percent of all ambulance calls.*

## *Unincorporated areas of the county within the CON:*

*Code 3 Ten (10) minutes on thirty-five (35) percent of all ambulance calls.  
Twenty (20) minutes on seventy (70) percent of all ambulance calls.  
Seventy (70) minutes on ninety-nine (99) percent of all ambulance calls.*

*Code 2 Fifteen (15) minutes on forty-five (45) percent of all ambulance calls.  
Twenty-five (25) minutes on seventy-five (75) percent of all ambulance calls.  
Sixty (60) minutes on ninety-nine (99) percent of all ambulance calls.*

## CERTIFICATE OF NECESSITY

(CONTINUATION PAGE TWO)

ISSUED 11/8/07

EXPIRES July 31, 2010

  
DIRECTOR